

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6548

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

79.

5 OF DEATH  
AND 33  
L RESIDENCE  
0407

PRECEDENT 3  
PERSONAL DATA 184

CAUSE  
OF  
DEATH  
TEM 18)

RATIONS  
UTOPSY

MEDICAL  
IFICATION

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

DRONER'S  
IFICATION

JNERAL  
ECTOR  
AND  
GISTRAR

1. PLACE OF DEATH A. COUNTY Graham		B. LENGTH OF STAY IN THIS TOWN OR IN ARIZONA 19 yrs 68 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona	
C. CITY OR TOWN Safford		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Safford <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Safford Inn Hospital		D. STREET ADDRESS 205 8th Avenue			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Ada B. (MIDDLE) Johnson C. (LAST) East		4. SEX Female		5. COLOR OR RACE Caucasian	
6B. NAME OF SPOUSE Thomas N. East		7. DATE OF BIRTH MONTH DAY YEAR May 3 1871		8. AGE (IN YEARS LAST BIRTHDAY) 84	
9B. KIND OF BUSINESS OR INDUSTRY Domestic		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
14A. FATHER'S NAME Sixtus Ellis Johnson		14B. BIRTHPLACE (STATE OR COUNTRY) New York		15A. MOTHER'S MAIDEN NAME Editha Melissa Merrill	
16. INFORMANT'S SIGNATURE Mrs E. L. Kelly		17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 11 1955		13. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A) (B) (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Cerebral Hemorrhage (B) Hypertension & atherosclerosis (C) ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. 2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 10 days	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11/11/55, TO 11/11/55, AND THAT DEATH OCCURRED AT 6:35 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE (DEGREE OR TITLE) D. E. Nelson M.D.		22B. ADDRESS 5035th Safford Ave		22C. DATE SIGNED 11/14/55	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Nov. 14, 1955		25C. NAME OF CEMETERY OR CREMATORY Pima Cemetery	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Pima, Arizona		25E. FUNERAL DIRECTOR'S SIGNATURE P. J. Blalock		25F. ADDRESS Safford, Arizona	
26A. DATE REC. BY LOCAL REG. 11-14-55		26B. REGISTRAR'S SIGNATURE M. H. [Signature]		26C. ADDRESS Safford, Arizona	